

SERIAL NUMBER 09/447,900 REISSUE	FILING DATE 11/15/99	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 93SC024RE
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APPLICANT

BRUCE K. WINKER, THOUSAND OAKS, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A RE OF 08/313,532 09/30/94 PAT 5,612,801  
WHICH IS A CIP OF 08/223,251 04/04/94 PAT 5,504,603

0 or

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

0 me

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

0 none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/30/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>0</u> Examiner's Initials _____ Initials _____					

ADDRESS

JOHN J DEINKEN  
ROCKWELL SCIENCE CENTER  
PO BOX 1085  
MAIL CODE A15  
THOUSAND OAKS CA 91358-0085

TITLE

MONOLITHIC OPTICAL COMPENSATION DEVICE FOR IMPROVED VIEWING ANGLE IN  
LIQUID CRYSTAL DISPLAYS

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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